10 C	CC Form 690
(060) Coverage and Performance Report	CC FOI III 030
	Approved by OMB
	DMB Control No. 3060-1185
the state of the s	

<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

(41) (42) (43) (b1) (b2) (b3) (c1) (c2) (c3) (d4) <141> Certify that Total Road Coverage and Performacne Resident **Total Resident** Road Miles Miles Population Population per Census **Road Miles** Resident covered per data is uploaded Newly Reached by Service Block Newly Reached by per Census Population per Census Block (yes/no) County Shelby Reached Census Block Census Block Service Block State 0000 Yes ТX 0 0.0 0.0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

_		-

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448041

County/State: Shelby, TX

Total Award Amount: \$263,790.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility		: 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FCC Form
115 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- §54.1009 Annual Reporting			Approved by OMB OMB 3060-1185
1 4 1 THE	lection Form		Avg. Burg	len Estimate per Respondent: 18 Hours
<010>	Study Area Code	448042		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Fo	JUN 1 7 2016
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	10	deral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
2000				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/	<u>N)</u> <040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Study Area Code	(050) Can	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
Study Area Name	-040		aasomaasuumissa saasuumissa saasuu	nan Samuning kan salah sal	namatanahan Shadan mantanahan kalakan kalakan kalakan kalakan kalakan kalakan kalakan kalakan kalakan kalakan Kalakan kalakan kalaka
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			his data		900-0
Reporting Carrier / Mobility Fund Phase 1 Winning Bidder 4110 FCC Registration Number 4112 Winning Bidder Carrier Name 4113 Street Address (or PO Box) 4114 City 4115 State 4116 Zip-Code 4117 Telephone Number 4118 Fax Number 4119 Email Address Contact Information if same as above, indicate in this box 4120 Name (First, M), Last, Suffix) 4121 Filing Carrier Name 4121 State 4121 Filing Carrier Name 4122 State 4125 State 4126 Telephone Number 4127 Fax Number 4128 Fax Number 4129 State 4129 State 4120 State 4121 Filing Carrier Name 4121 Filing Carrier Name 4122 State 4124 State 4125 Zip-Code 4126 Telephone Number 4127 Fax Number 4128 Fax Number 4129 Fax Number 4120 State 4120 State 4121 Filing Carrier Name 4121 Filing Carrier Name 4122 State 4124 State 4125 Zip-Code 4126 Telephone Number 4127 Fax Number 4128 Faxil Information 4128 Faxil Information 4129 Fax Number 4120 State 4130 Name (Fist, M), Last, Suffix) 4131 Company 4132 Street Address (or PO Box) 4133 City 4134 State 4135 Zip-Code 4135 Zip-Code 4135 Zip-Code 4136 Telephone Number 4137 Fax Number 4138 Faxil Information 4139 Street Address (or PO Box) 4131 Company 4132 Street Address (or PO Box) 4133 City 4134 State 4135 Zip-Code 4136 Telephone Number	<035>				
FCC Registration Number 17235310 17255110 17255	<039>	Contact Email Address - Email Address of person identifi	ied in data line <030>	cstrausbaugh@cellonenation.com	
FCC Registration Number 17235310 17255110 17255	Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
Filing Carrier Name			17235110		
Mining Bidder Carrier Name	<111>	Filing Carrier Name			
1170 Devon Park Drive Suite 104	<112>				
City				ve Suite 104	
State				70, 50200 101	
19087					
Telephone Number S105356474 ext.		i de la companya de			
Contact Information if same as above, indicate in this box 1120 Name (First, MI, Last, Suffix) 1121 Filing Carrier Name 1122 Street Address (or PO Box) 1123 City 1125 Tip-Code 126 Telephone Number 127 Fax Number 128 Email Address Authorized Agent Information if no agent, indicate in this box 130 Name (First, MI, Last, Suffix) 140 Name (First, MI, Last, Suffix) 150 Street Address (or PO Box) 150 Company 150 Street Address (or PO Box) 150 Telephone Number					
Contact Information if same as above, indicate in this box 120> Name (First, MI, Last, Suffix) 1212> Street Address (or PO Box) 122> Street Address (or PO Box) 123> City 124> State 125> Zip-Code 126> Telephone Number 127> Fax Number 128> Email Address 129> Email Address 1200 Name (First, MI, Last, Suffix) 1200 Revone Park, Inviva—Suite 104 1210 Park 122> Street Address (or PO Box) 1230 Park 1240 State 125> Zip-Code 126> Telephone Number 127> Fax Number 128> Email Address 129> Cestrausbaugh®cellonenation.com 4Uthorized Agent Information 15 no agent, indicate in this box 130> Name (First, MI, Last, Suffix) 131> Company 132> Street Address (or PO Box) 133> City 133> City 134> State 135> Zip-Code 136> Telephone Number 137> Fax Number 138> Telephone Number 139> Telephone Number		•	6105356474 ext.		- 4
Contact Information if same as above, indicate in this box 1120 Name (First, MI, Last, Suffix) 1121 Filling Carrier Name 1122 Street Address (or PO Box) 1126 Telephone Number 1126 Telephone Number 127 Fax Number 128 Email Address 129 Company 130 Name (First, MI, Last, Suffix) 130 Name (First, MI, Last, Suffix) 131 Company 132 City 133 City 134 State 135 Zip-Code 136 Strausbaugh 137 Devon Park Drive Suite 104 138 Name (First, MI, Last, Suffix) 140 Name (First, MI, Last, Suffix) 150 Street Address (or PO Box) 150 Strausbaugh®cellonenation.com			6106885209		
if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) -121> Filing Carrier Name -122> Street Address (or PO Box) -133> Clty -134> Email Address -135> Clapsen, indicate in this box -130> Name (First, MI, Last, Suffix) -131> Company -131> Company -131> City -131> City -131> City -131> City -131> Company -131> City			cstrausbaugh@cellone	enation.com	
4127> Fax Number 4128> Email Address Authorized Agent Information if no agent, indicate in this box 4130> Name (First, MI, Last, Suffix) 4131> Company 4132> Street Address (or PO Box) 4134> State 4135> Zip-Code 4136> Telephone Number 4137> Fax Number	<120> <121> <122> <123> <124> <125>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code	Texas 10, LLC 1170 Devon Park Driv Wayne PA 19087	re Suite 104	
Authorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<127>	Eav Number			
Authorized Agent Information if no agent, indicate in this box <130> Name (First, MI, Last, Suffix) <131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<128>	Email Address		enation.com	
<131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<u>Authorize</u>	d Agent Information	000000000000000000000000000000000000000		
<131> Company <132> Street Address (or PO Box) <133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<130>	Name (First, MI, Last, Suffix)			
<133> City <134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<131>	_			
<134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<132>	Street Address (or PO Box)			
<134> State <135> Zip-Code <136> Telephone Number <137> Fax Number	<133>				
<135> Zip-Code <136> Telephone Number <137> Fax Number		_			W-1
<136> Telephone Number <137> Fax Number		-		Y 1	***************************************
<137> Fax Number		- ·			
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(060) Cov	verage and Performance Report	Ap On	C Form 690 proved by OMB AB Control No. 3060-1185 ge 3 of 8
<010>	Study Area Code	448042	
<015>	Study Area Name	Texas 10, LLC	<u></u>
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448042_CPRd	TX.zip	

Coverage and Performace attachments

1> <a1></a1>	• <a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
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			\$	ee attach	ed works	<u>heet</u>			
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FCC Form 690	
(070) Urban Rate Comparability Certification Compliance	
Approved by OMB	
OMB Control No. 30	
Page 4 of 8	

<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer or I	Employee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas	s 10, LLC			
Signature of Authorized Officer:			Date	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448042	Filing Due Date for this form:	07/01/2016	
	ts on this form can be punished l under Title	by fine or forfeiture under the Communications e 18 of the United States Code, 18 U.S.C. § 1001	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Ag	ent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I - Alf Al - A (Al - A - A - A - A - A - A - A - A - A -	is authorized to submit the information reported on behalf of the reporting rrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by under Title :	fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein be nowledge, the information reported herein is accurate.	sed on
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonmentials of the United States Code, 18 U.S.C. § 1001.	t under

(080) Triba	Lands Reporting			PCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448042	
<015>	Study Area Name	<u> </u>	Texas 10, LLC	
<020>	Program Year	his data	Chad Straughaugh	
<030>	Contact Name - Person USAC should contact regarding to Contact Telephone Number - Number of person identified	od in data line <030>	Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifie	ed in data line <030>	6105356474 ext.	DM
10392	Contact Email Address - Email Address of person recomm		CSCTAUSDAUGHWCEITOHCHACION.O.	20)
<142>	State	<u> </u>		
<143>	County _			
.4 4 4:	Tribal Land(s) on which ETC Socies			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docu	ment (.pdf)	•
	Table Development and the Development	No Not Applicable) fo	nr.	
	If your company serves Tribal lands, please select (Yes,	No, Not Applicable) to	JI	
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the 1	rne arraeneu Frihal		
	government pursuant to § 54.1004 includes:	iiiwai		
	Rovernment horsulant to 3 34.1004 includes.			
			Calast	
		,,	Select es, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a fo		es, No, Not Applicable)	
/140 >	community anchor institutions;	Cas Off Fribal		
<147>	Feasibility and sustainability planning;	<u> </u>		
<148>	Marketing services in a culturally sensitive manner;			

<149>

<150>

<151>

<152>

<153>

<154>

Compliance with Rights of way processes

Compliance with Facilities Siting rules

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Projec	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	300821.48
<203>	Total Mobility Fund Support Disbursed	292458.64
<210>	Actual Completion Date	08/10/2015
<211>	Project Status Description (attached)	448042_PSD_TX.pdf
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	{Name of PDF attached}
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
<218>	Network will Support 3G/4G Mobile Service ?) 3C

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010> Study Area Code	448042
<015> Study Area Name	Texas 10, LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035> Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities best of my knowledge, the information reported on this form and in ar	s include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the my attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Fitle or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448042	Filing Due Date for this form: 07/01/2016

	FCC Form 690
(102) Certification - Agent / Carrier	FCC FORM 050
	Approved by OMB
	reproved by China
	200.2
	OMB Control No. 3060-1185
	Page 8 of 8
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	Page 6 Q 1 G

<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; r agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on behalf of the reporting ca sponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized a provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Rep	porting Carrier
	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reporte	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agen	t	
elephone number of Authorized Agent or Employee of A	gent:	
	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

		448042
<010>	Study Area Code	448042
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<82>	<43>	<b1></b1>	<b2></b2>	<b3></b3>	<ci>></ci>	≪2>	<c3></c3>	-≺d≯-×
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Shelby	0000	0	0	0	0.0	0.0	0.0	Yes
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<u> </u>									579
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Percentage of Total Population Reached by Service

0	

Percentage of Total Road Miles covered by Service

0			
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FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448042

County/State: Shelby, TX

Total Award Amount: \$300,821.48

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

the second second	Fund §54.1009 Annual Reporting ection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448029		Accepted / Filed
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2016		JUN 172016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
	anna magailte ann an tagailte ann an ann an ann an ann an ann an an a	useen suurin saasaa ka k	Million Robbinson (1996)	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	0 <040>	\odot
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	ver tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form	d d		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448029	
<015>	Study Area Name		Texas 10, LLC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>		-		
<113>	Winning Bidder Carrier Name	Texas 10, LLC		
	Street Address (or PO Box)	1170 Devon Park Dri	ive, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209	• •	
<119>	Email Address	cstrausbaugh@cellon	nenation.com	
Contact In	formation			
	if same as above, indicate in this box ✓			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ve Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code			
<126>	Telephone Number	19087		
		6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	•			
	Company		· ,	
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	-			

<015>	Study Area Name	Texas 10, LLC
<010>	Study Area Code	448029
(060) C	overage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8.

Study Area Name	Texas 10, LLC
Program Year	2016
Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
Coverage and Performance Report Year 08/2015 - 07/2016	
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>

Coverage and Performace attachments

<141> <a1> <a2> <a3> <b1> Total Road Certify that Road Road Miles per Miles Coverage and Miles Performance data Resident **Total Resident** Census covered is uploaded Resident Population Population per Block per Population per Newly Reached Reached by Census (Yes/no) Census Newly State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered

by Service

Service

(070) Urb	san Rate Comparability Certification	n Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448029	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	

Chad Strausbaugh

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Ce	ertification of Officer or	Employee as to Compliance with 47	CFR §54.1009(a)(4)
l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texas	10, LLC		
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448029	Filing Due Date for this form:	07/01/2016
Persons willfully making false statement:		by fine or forfeiture under the Communications le 18 of the United States Code, 18 U.S.C. § 1001	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize a	in Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting	ng carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports an	d data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	ned by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
lame of Reporting Carrier:	
lame of Authorized Agent Firm:	**************************************
ignature of Authorized Agent or Employee of Agent:	Date:
lame of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	l Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448029	
<015> <020>	Study Area Name		Texas 10, LLC	
<030>	Program Year Contact Name - Person USAC should contact regarding this di	ata	2016	
<035>	Contact Telephone Number - Number of person identified in		Chad Strausbaugh	
<039>	Contact Email Address - Email Address of person identified in		6105356474 ext.	continuo con
			CSCIAUSDAUGNGCEIION	renation.com
<142>	State			
<143>	County			
\143 >				
-1.445	Tribal Land(s) on which ETC Conves			
<144>	Tribal Land(s) on which ETC Serves			

<145>	Tribal Government Engagement Obligation			
		ne of Attached Docur	nent (.pdf)	
		•		
	If your company serves Tribal lands, please select (Yes, No, N		r	
	each of these boxes to confirm the status described on the at			
	PDF, on line 145, demonstrates coordination with the Tribal			
	government pursuant to § 54.1004 includes:			
				
			Select	
		(Ye	s, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focus on	Tribal		
	community anchor institutions;	ļ		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			

Compliance with Rights of way processes

Compliance with Facilities Siting rules

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<149> <150>

<151>

<152>

<153>

<154>

(090) Project	Update Information	FCC Form 690' Approved by OMB
		OMB Control No. 3050-1185
		Page 6 of 8
<010>	Study Area Code	448029
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	100000.49
<203>	Total Mobility Fund Support Disbursed	100000.49
-210-	Astual Consolation Date	
<210>	Actual Completion Date	07/09/2015
<211>	Project Status Description (attached)	448029_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	1
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	—
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	448029
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texas 10, LLC					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer: Chad Strausbaugh					
Title or position of Authorized Officer: Staff Counsel					
Telephone number of Authorized Officer: 6105356474 ext.					
Study Area Code of Reporting Carrier: 448029	Filing Due Date for this form: 07/01/2016				

06/16/2016

	2 m - 1	
(102) Certification - Agent / Carrier		
/107) Cortification - Againt / Carrier		FCC Form 690
Trost Certuication - Agent & Connet		1 CC 1 OF 111 050
7		
		Anney and by Obto
		Approved by OMB

		OMB Control No. 3060-1185
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		Page 8 of 8
		7450000

<010>	Study Area Code	448029
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation_com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my re agent; and, to the best of my knowledge, the reports and dat	is authorized to submit the information reported on behalf of the reporting carr sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized vided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autr	norized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
	thorized to submit the reports for Mobility Fund recipients on behang carrier; and, to the best of my knowledge, the information repor	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Ag	ent	
	•	
elephone number of Authorized Agent or Employee of	Agent:	

Attachments

(060) Coverage and Performance Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448029
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<a2></a2>	<=3>	<b1></b1>	<b2></b2>	<b3></b3>	<d>></d>	<c2></c2>	<c3></c3>	80
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Rusk	0000	0	0	0	0.0	0.0	0.0	Yes
		<u></u>							
									· · · · · ·
								•••	
	-								
	 								
-									
	-								

Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

0			